

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Values are Vital		FEC IDENTIFICATION NUMBER ▼ C C00552422	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Axiom Strategies, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 1251 NW Briarcliff Parkway Suite 85		Amount 14967.50	
City Kansas City	State MO	Zip Code 64116	Transaction ID : SE.4279
Purpose of Expenditure Mailer	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 01 / 2014	
Name of Federal Candidate LIZBETH BENACQUISTO		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	

Full Name of Payee Axiom Strategies, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 1251 NW Briarcliff Parkway Suite 85		Amount 14967.50	
City Kansas City	State MO	Zip Code 64116	Transaction ID : SE.4280
Purpose of Expenditure Mailer	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 01 / 2014	
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	29935.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ronald M Firman

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
04 / 03 / 2014

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Values are Vital	FEC IDENTIFICATION NUMBER ▼ C C00552422
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Axiom Strategies, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 1251 NW Briarcliff Parkway Suite 85		Amount 1184.00	
City Kansas City	State MO	Zip Code 64116	Transaction ID : SE.4281
Purpose of Expenditure Phone Calls	Category/ Type 005	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 01 / 2014	
Name of Federal Candidate PAIGE VANIER Vanier KREEGEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 835073.14		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	

Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 5 Mapleton Road Suite 300		Amount 9125.00	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4277
Purpose of Expenditure TV Buy	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 01 / 2014	
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 832139.14		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10309.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Full Name of Payee Jamestown Associates		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 5 Mapleton Road Suite 300		Amount 1750.00	
City Princeton	State NJ	Zip Code 08540	Transaction ID : SE.4278
Purpose of Expenditure Radio Buy	Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 01 / 2014	
Name of Federal Candidate CURTIS J CLAWSON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 833889.14		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1750.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	41994.00

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Ronald M Firman

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Signature